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Bib Data Sheet

**CONFIRMATION NO. 5241**

SERIAL NUMBER 10/700,341	FILING DATE 11/04/2003  RULE	CLASS 221	GROUP ART UNIT 3651	ATTORNEY DOCKET NO. 25807	
<b>APPLICANTS</b>  Shlomit Chasid, Mazkeret Batya, ISRAEL;  Uri Zaidman, Tel Aviv, ISRAEL;					
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/11/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Examiner's Signature</span> <span>Initials</span> </div>		STATE OR  COUNTRY ISRAEL	SHEETS  DRAWING 6	TOTAL  CLAIMS 27	INDEPENDENT  CLAIMS 3
<b>ADDRESS</b> 20529 NATH & ASSOCIATES 112 South West Street Alexandria , VA 22314					
<b>TITLE</b> Tissue dispensing cover					
<b>FILING FEE</b>  <b>RECEIVED</b> 963	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; margin-bottom: 2px; padding: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; margin-bottom: 2px; padding: 2px;"><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div style="border: 1px solid black; margin-bottom: 2px; padding: 2px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div style="border: 1px solid black; margin-bottom: 2px; padding: 2px;"><input type="checkbox"/> 1.18 Fees ( Issue )</div>			

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